

PROSTHETIC DEVICES (Hearing Aids)

10/1/90
(12c)

For non-EPSDT recipients twenty-one years of age and older, the hearing aid is limited to one per recipient. This aid can be replaced if medically necessary every three years from the date the last hearing aid was received. Binaural, special hearing aids, or an exception to the limitations require prior authorization. No other prosthetics or orthotics are available. Refer to EPSDT section for EPSDT limitations.

Amendment 93-02
Effective 1/1/93
Supersedes NEW

Approval

128 22 1993

HOSPICE SERVICES

10/1/89 Benefit periods are the same as those established by
Medicare.

Amendment 93-02
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Approval APR 22 1993

NURSING FACILITY SERVICES

1/1/91 Individuals who are mentally ill or mentally retarded can only receive nursing services in accordance with the preadmission screening and annual resident review requirements of section 1919(b)(3)(F) and (e)(7) of the Act.

Amendment 93-02
Effective 1/1/93
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EXTENDED SERVICES FOR PREGNANT WOMEN

4/1/93

The same services that are offered to any categorically needy recipient, as described in Attachment 3.1-A, are available to women for 60 days after the pregnancy ends. No additional coverage beyond what is provided to the general categorically needy recipient is provided and the group receiving services under this provision are subject to the same service limitations as the general categorically needy recipients as outlined in Attachment 3.1-A.

Ten prenatal obstetrical visits to low risk pregnant women and fourteen visits to high risk pregnant women are provided. Additional visits can be authorized if the Medicaid program medical consultant finds the additional visits medically necessary.

Amendment 93-21
Effective 4/1/93
Supersedes 93-02

Approval SEP 20 1993

7/1/98 OTHER PRACTITIONERS SERVICES

- (6d) RESPIRATORY THERAPY: Services are available for non-EPSDT recipients 21 years of age and older in the outpatient and inpatient hospital settings and in nursing facilities. Refer to the EPSDT section for EPSDT limitations.

Amendment 98-14
Effective 7/1/98
Supersedes NEW
Approval 10/12/98

PERSONAL CARE SERVICES

10/1/90 No services are available for non-EPSDT recipients 21
(23) years of age and older. Service limitations for EPSDT
recipients are listed in the EPSDT section.

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PRIVATE DUTY NURSING SERVICES

10/1/90
(8)

No services are available for non-EPSDT recipients 21 years of age and older. Refer to the EPSDT section for EPSDT limitations.

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APR 23 1993

The following is a list of items and services furnished in nursing facilities that are reimbursed under the NF per diem rate. The recipient can not be charged for these items or services.

1. Room and board including all of the items necessary to furnish a resident's room;
2. Dietary, rehabilitative and nursing services including the professional handling and personal care of the resident;
3. Medical supplies provided for a resident when medically necessary, including:
 - Catheters, catheter irrigation trays, and related supplies.
 - Bandages, adhesive strips, dressings and sterile gauze.
 - Linen savers, diapers, waterproof pads, rubber pants, and sanitary napkins.
 - Needles and syringes.
 - Air mattresses, neoprene plastic pads, bed pads, heel protectors, and sheepskins.
 - Laxatives - at least one product of each of the following categories: bulk, fecal softner, irritant, saline, emollient, enema.
 - Non-legend analgesics - at least one product of each of the following categories: aspirin, acetaminophen, ibuprofen.
 - Non-legend antacid - at least one product of each of the following categories: Magnesium hydroxide and aluminum hydroxide with or without Simethicone, Aluminum hydroxide.
 - Non-legend vitamins - at least one product of each of the following categories: oil and water soluble multiple vitamins without minerals, oil and water soluble multiple vitamins with minerals, ferrous sulfate, ferrous gluconate and ferrous fumarate products, therapeutic multivitamin mineral combination, B-complex with vitamin C, stress formula.
 - Dietary supplements, salt and sugar substitutes, and tube feedings.
 - Medicinal alcohol, hydrogen peroxide, astringents, tincture benzoin, bulk epsom salts for soaking, and providone-iodine ointment and solution.
 - Cotton balls, tissue, applicators, body oil or body lotion, powder, lemon glycerin swabs, and cotton swabs.
 - Colostomy bags and related supplies and ileostomy supplies.
 - Non-legend cough preparation - at least one product of each of the following categories: expectorant, combination of expectorant and cough suppressant.
 - Blood glucose strips.
 - Topical anti-bacterial preparation.
 - Bland ointment.
 - Ophthalmic lubricant.
 - Oxygen and the equipment and supplies needed to dispense the oxygen.
 - First aid supplies.
 - Anti-diarrheal preparation.
 - Moisturizing spray and ointment for treatment of pressure sores.
 - Absorbent bladder control garments and external catheters.
 - Sterile saline solution for wound dressing.
4. Medical equipment to be available for use by the resident on a short-term basis but not for the exclusive use of the resident on a long-term ongoing basis which shall include at a minimum, the following: wheelchairs, geri-chairs, walkers, crutches and canes, bedside commodes.
5. Medical equipment for use by or on a resident when determined medically necessary: traction equipment, blood pressure equipment, oral and rectal thermometers, protective restraints, suction equipment.
6. Routine personal hygiene items and services including but not limited to: hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razors, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, hair and nail hygiene services, bathing supplies, basic personal laundry, incontinence care, water pitcher and drinking glass, wash pan, emesis basin, bedpan and urinal, and straws.

Amendment 93-58
 Supersedes 93-02
 Effective 10/1/93
 Approval 2-18-94

PREScribed DRUGS: Covered outpatient drugs are those produced by any manufacturer which has entered into and complies with an agreement under Section 1927(a) of the Act which are prescribed for a medically accepted indication. Prescribed drugs in excess of 8 prescriptions per month per recipient in an institution and drugs in excess of 6 prescriptions per month for all other recipients must be authorized by the state agency or its designated agent. As provided by Section 1927 (d)(2) of the Act, certain outpatient drugs may be excluded from coverage. Those excluded are: DESI drugs; experimental drugs; anorectics (unless prescribed for an indication other than obesity); non-legend drugs (except insulin, aspirin, aluminum and calcium products used as phosphate binders for dialysis patients, sodium chloride for inhalation therapy, and OTC vaginal antifungals that have previously been legend drugs, when prescribed); and any drugs for which the manufacturer has not entered into rebate agreements with the Department of Health and Human Services, the Veteran's Administration and the Public Health Service. Smoking cessation products and cough and cold preparations are not covered services for recipients over age 21. Vitamin and mineral products are covered only under the following circumstances: prenatal vitamins; folic acid as a single entity; fluorinated pediatric vitamins; one vitamin or vitamin/mineral prescription monthly for a dialysis patient; and prescribed ferrous sulfate, gluconate, or fumarate for non-institutionalized patients. (Ferrous sulfate, gluconate, or fumarate are equally available as floor stock to institutionalized patients.) Non-EPSDT recipients 21 years of age and older cannot receive immunizations, except for influenza and pneumococcal vaccines for institutionalized recipients. Drugs must be prescribed and dispensed in accordance with medically accepted indications for uses and dosages.

Drug Rebate Agreements: The state is in compliance with section 1927 of the act. Based on the requirements for section 1927 of the Act, the state has the following policies for drug rebate agreements:

- The drug file permits coverage of participating manufacturers' drugs.
- Compliance with the reporting requirements for state utilization information and restrictions to coverage.
- Rebate agreements between the state and a drug manufacturer that are separate from the drug rebate agreements of section 1927 are approved by the Health Care Financing Administration. The state reports rebates from separate agreements.
- Manufacturers are allowed to audit utilization data.
- The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification.
- Prior authorization programs provide for a 24-hour turnaround on prior authorization from receipt of request, and at least a 72-hour supply in emergency situations.

Amendment 95-18
Effective 10/1/95
Supersedes 93-56

Approved 1-23-96

CERTIFIED PEDIATRIC OR FAMILY NURSE PRACTITIONERS (ARNP):

10/1/95
(23)

New patient visits are limited to one per recipient per provider every three years. Subsequent office, home and hospital visits are limited to one per day per recipient except for emergency services. Routine physical examinations are provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program or Adult Health Screenings.

Amendment 95-26
Effective 10/1/95
Supersedes 93-02

Approval 1-24-96